File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Reset Form

## FOR INSTRUCTIONS, SEE BACK OF FORM

RECEIVED

Fax: 515-281-4073	DISCLOSUR	E SUMMARY PAGE		00	T 3 1 2007
COMMITTEE NAME (Must b	e same as on Statement of C	rganization)	٦ _		-
BRAIG FOR CITY COUNCIL				FORM DD 2	
(1)Statewide/Legizletive/Judge (4)County Central Committee (	of committee you are reporting for Standing for Rubantion Candidate 5 )County Candidate (6)City Co rty PAC (9)City PAC (10)Scho	or: 6 e (2)State PAC (3)State Party andidate (7)School Board or Other Political col Board or Other Political Subdivision PAC		DR-2 Rev. 07/2007) or Office Use On comm. #	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name KARLA BRAIG	ONLY:	Political Party (if applicable)	s	cenned	
Office Sought DUBUQUE CITY COU	CIL-WARD #2	District (if Senate or House)			· · · · · · · · · · · · · · · · · · ·
ate reports are subject to possible for the possible for	Sula	. Pursuant to lowe Code sections 688,32A 563-557-9354 TELEPHONE		BA.401(3), the ca 	_
AM FILING A 11/1/2007		REPORT FOR (1) ELECTION (	(2)NON	ELECTION YE	AR.
	report date)	Indicate by #			
CHECK IF AMENDMENT	TO REPORT DATED		ocal Cor	nmittees, enter Os	de of Election
ASH ON HAND at the begin	nount MUST be the same as I	(Total of all funds held by the		1 500 RC	
of the last reporting	period or must be zero if this	is first report filed.)	\$	1,509.86	
	Y TAKEN IN THIS PERIOD			145.00	
	•	hedule A) ("also see in-kind below)		0.00	
		dule F)		0.00	
		(Attach Schedule H)			- <u></u>
(scuedifie	H applies to Candidates' C	SUB-TOTAL	\$	1,654.86	
SUBTRACT TOTAL	L MONEY SPENT THIS PER			<del></del>	
		e B) (**aiso see debts and loans below)		807.03	
•	<u>-</u>	nedula F)		0.00	
CASH ON HAND at the end	of this reporting period (if line	I report balance must be zero)	.,,\$	847.83	
'UNPAID BILLS (From Sch	edule D - Áttach Schedule D)		\$		
IN KIND CONTRIBUTIONS	(From Schedule E - Attach S	ichedule E)	\$		
COUTSTANDING LOANS (F	rom Schedule F - Attach Sch	nedule F)	\$		
CONSULTANT BREAKDON	IN (Schedule G Attached?)	·	_	YES 1	NO
CANDIDATE COMMITTEES	ONLY:			A AA	
VALUE OF CAMPAIGN PRO	OPERTY (From Schedule H -	Attach Schedule H)	5	0.00	
STATE COMMITTEES: Sub	mit a reconciled campaion ac	count bank statement in January of eac	h vear.		

For Instructions, See Back of Form  CONTRIBUTIONS — MONEY TAKEN IN  (Including candidate's personal funds)	Reset Form	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) BRAIG FOR CITY COUNCIL			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE" (If applicable)	AMOUNT RECEIVED	VIF FOR FUND- RAISER INCOMI
10/11/2007	ID# CK#	PENNY EHLINGER		\$40.00	
10/19/2007	ID#	AFL-CiO		\$100.00	
10/20/2007	ID#	UNITEMIZED CASH (\$25 OR LESS)		\$5.00	
	ID#				
•	ID#				
ID# CK#	ID#				
	CK#				
	CK#				
	CK#				
	ID# CK#				
	<del> </del>		SUB-TOTAL	\$	1
		IOIAL (IT ISST P	age of this schedule)	s 145.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguishly (blood relatives) and offinity (relatives by marriege). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

\$ 145.00

## FOR INSTRUCTIONS, SEE BACK OF FORM

KINGS HOTELS
2002012.0242

eset Foreir	SCHEDULE	
IRIT	B	MONETAR

(Rev. 07/03) **EXPENDITURES** 

> CHECK THIS BOX IF **AMENDING FORM**

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLING AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

BRAIG FOR CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disburgement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/09/2007	ID# CK#1003	PRINTERS PLUS	CAMPAIGN FLYERS	\$ 114.39
10/18/2007	ID#	MAIL SERVICES UNLIMITED	MAILING FOR FLYERS	\$465.40
10/22/2007	ID# CK#	DUBUQUE LEADER	NEWSPAPER ADVERTISEMENT	\$147.00
10/29/2007	ID# CK#	PRINTERS PLUS	PRINTING CAMPAIGN LITERATURE	\$80.24
	ID# CK#			
	ID# CK#			
	ID#			
	ID#			
			SUS-TOTAL	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY;

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expanditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(1).)

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\$ 807.03

TOTAL (If last page of this schedule)